

CITY OF CALEXICO HOUSING REHABILITATION DOCUMENTATION CHECKLIST
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All applicants must bring the following items to their interview to be photocopied. Any item not brought to the interview will delay processing.

ITEMS NEEDED:

RECEIVED

RETURNED

- | | | |
|--|-------|-------|
| 1. [] Income verification:
(i.e. payroll check stubs, award
letters, SSI / SSA and annuities),
last two payroll check stubs. | _____ | _____ |
| 2. [] Grant Deed. | _____ | _____ |
| 3. [] Current Federal Income Tax Statement
complete 1040's with W-2.
(2 years tax statement) | _____ | _____ |
| 4. [] Current Property Tax Statement. | _____ | _____ |
| 5. [] Fire / Home Insurance. | _____ | _____ |
| 6. [] Mortgage Payment card - or (payment
book with lender's name, address,
mortgage number and payment number
amount). | _____ | _____ |

REMEMBER, TO BRING THESE ITEMS WITH YOUR APPLICATION!

ELIGIBLE WORK ITEMS

The main purpose of the financial assistance programs is to correct violations of the City's Building Code in the housing structure. These are major problems that might endanger the **health** and **safety** of the occupants if left unrepaired. Consequently, applicants are required to use all loan and grant funds to correct code violations prior to requesting general property improvements. If the loan or grant is not sufficient to correct all existing code violations, the applicant will be required to correct all existing code violations, the applicant will be required to correct those considered most important. The following is a list, which will assist in determining levels of importance.

LEVEL I

1. Roof
2. Electrical service and panel boxes
3. Electrical wiring
4. Heating (furnace, wall heater, etc.)
5. Water lines and service
6. Sewer lines and service
7. Plumbing fixtures
8. Gas lines
9. Shut-off valves on gas appliance
10. Replacing hot water heaters
11. Termite work
12. Foundations
13. Beams, joists or rafters
14. Foundation walls
15. Structural walls
16. Over crowding

LEVEL II

1. Services Walks, (if dangerous)
2. Driveways, (if dangerous)
3. Windows
4. Doors
5. Garage, repair or removal
6. Fence, repair or removal
7. Exterior painting or protective covering
8. Light fixtures
9. Insulation
10. Screens

11. Walls (plaster patching, drywall coverage, paneling)
12. Painting or protective interior walls and ceilings covering
13. Floor coverings, repair or replacement
14. Roof covering for laundry areas.

LEVEL II

1. Kitchen remodeling or replacement
2. Room additions (if overcrowding to be level I)
3. Bathroom remodeling (if deteriorated to be level I)
4. New appliances (stove and refrigerator)
5. Cornices and eaves
6. Gutters and down spouts

KNOWING THE FACTS

1. WHAT HOME IMPROVEMENT PROGRAMS ARE AVAIABLE?

The City of Calexico's Housing Program offers various home improvement programs to City residents. For doing those basic needed repairs to your home.

2. HOW DO I KNOW IF I QUALIFY?

A number of things determine whether you qualify:

- a. You must live within the City limits and not the unincorporated area of the County. (Are you authorized to vote in Calexico)?
- b. Your property must be a single-family structure, which is your primary residence.
- c. If you have a mortgage, you cannot be more than one month behind in your payments.
- d. You cannot be behind in your tax payments.
- e. Income limits are very important in determining whether you qualify for a home improvement loan. They are based upon the amount of household income you receive from all sources, and the number of people you support and/or claim as income tax deductions over the past 12 months, at the time you apply.

3. JUST HOW TO GO ABOUT GETTTING A LOAN?

The homeowner who is interested in the loan program will need to go through the following process:

- a. **Preparing to Apply** - Before applying, locate the financial records that pertain to you.
- b. **Setting Your Home Improvement Priorities** - As you know, the purpose of the loan programs is to correct building code violations that endanger your family's health and safety. Review the list of allowable repairs and decide which ones you cannot do without.
- c. **Applying** - Call the Housing Program office for an appointment. An appointment will be scheduled to review your application.

- d. **Rejection or Acceptance** - Within a few weeks after all your information is in, you **will** learn if you are eligible. If you are rejected, you will receive a letter giving you the reason for the rejection.
- e. **Inspection** - If you are accepted, you will be called to make an appointment for the Housing Inspector to inspect your house, and to prepare a write-up list of the repairs that need to be done. An appointment will then be scheduled for you to discuss the recommended rehabilitation work needed. (The Housing Inspector is not the same as a Building Inspector, and is not there to do a code inspection).
- f. **Finding a Contractor** - Once you have agreed to the recommendation on the work to be done, the work-up will be mailed to contractors for bidding. (These are not the City's contractors but independent contractors interested in bidding on city or the housing rehabilitation projects). All contractors bidding and conducting construction work shall have an active license and in good standing, as well as having all required insurances. Once all bidding have been received you will have the opportunity to select the contractor of your choose. The program will finance 100% the lowest or on that is \$3,000 above the lowest bid.

**APPLICATION FOR
HOUSING REHABILITATION**

APPLICANT INFORMATION:

	APPLICANT	CO-APPLICANT
NAME:		
ADDRESS:		
FORMER ADDRESS: (if less than 5 years)		
PHONE # (HOME):	(760)	(760)
PHONE # (WORK):		
SOCIAL SECURITY #:		
BIRTHDATE:		
DRIVER LICENSE #:		
MARITAL STATUS:		

NAME OTHERS LIVING IN RESIDENCE:

	NAME	AGE	SEX	EMPLOYED	DEPENDENT
1.					
2.					
3.					
4.					
5.					

*if employed need to provide name & address of employer plus monthly salary

EMPLOYMENT DATA

APPLICANT:

EMPLOYER: _____

ADDRESS: _____

OCCUPATION: _____ MONTHLY SALARY: \$ _____ NO. OF YEARS: _____

OTHER INCOME/TYPE: _____

PREVIOUS EMPLOYER: _____

NUMBER OF YEARS: _____

CO-APPLICANT:

EMPLOYER: _____

ADDRESS: _____

OCCUPATION: _____ MONTHLY SALARY: \$ _____ NO. OF YEARS: _____

OTHER INCOME /TYPE: _____

PREVIOUS EMPLOYER: _____

NUMBER OF YEARS: _____

OTHER RESIDENCE IN HOUSEHOLD:

1) EMPLOYER: _____

ADDRESS: _____

OCCUPATION: _____

MONTHLY SALARY: \$ _____ OTHER INCOME/TYPE: _____

NO. OF YEARS: _____ PREVIOUS EMPLOYER: _____

NUMBER OF YEARS: _____

.....
2) EMPLOYER: _____

ADDRESS: _____

OCCUPATION: _____

MONTHLY SALARY: \$_____ OTHER INCOME/TYPE: _____

NO. OF YEARS: _____ PREVIOUS EMPLOYER: _____

NUMBER OF YEARS: _____

3) EMPLOYER: _____

ADDRESS: _____

OCCUPATION: _____

MONTHLY SALARY: \$_____ OTHER INCOME/TYPE: _____

NO. OF YEARS: _____ PREVIOUS EMPLOYER: _____

NUMBER OF YEARS: _____

MORTGAGE INFORMATION:

NAME/ADDRESS	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
FIRST MORTGAGE: _____	\$ _____	\$ _____	\$ _____
SECOND MORTGAGE: _____	\$ _____	\$ _____	\$ _____
THIRD MORTGAGE: _____	\$ _____	\$ _____	\$ _____

MONTHLY FIXED CHARGES/MONTHLY HOUSING EXPENSES

HAZARD INSURANCE _____ PROPERTY TAXES _____

HEAT & UTILITIES _____ MAINTENANCE _____

LIABILITIES:

AUTOMOBILE:

MONTHLY PMTS BALANCE

NAME/ADDRESS OF LENDER: _____ \$ _____ \$ _____

CREDIT ACCOUNTS:

NAME	ACCT. NO.	MONTHLY PAYMENT	BALANCE

FINANCIAL INFORMATION:

BANK: _____

CHECKING [] _____ SAVINGS [] _____
ACCT. NUMBER ACCT. NUMBER

PERSONAL PROPERTY:

CARS: _____

YEAR- _____ MAKE _____ LICENSE NUMBER _____

YEAR _____ MAKE _____ LICENSE NUMBER _____

REAL PROPERTY

OTHER THAN PROPERTY REQUESTING ASSISTANCE

ADDRESS: _____

MORTGAGE: _____

BALANCE: \$ _____ MONTHLY PAYMENTS: \$ _____

RECORD OF PREVIOUS: FORECLOSURE: YES _____ NO _____

BANKRUPTCY: YES _____ NO _____

JUDGEMENTS: YES _____ NO _____

IF ANSWER IS YES ON TBE FOLLOWING, PLEASE EXPLAIN:

COMNMNTS:_____

PROVIDE TWO PERSONAL REFERENCES:

NAME:_____ADDRESS_____PHONE#_____

NAME:_____ADDRESS_____PHONE#_____

I've completed this application to obtain a low-interest rehabilitation loan or grant. I certify that the information is true. I authorize the City of Calexico's Housing Program to check my credit references and obtain verifications needed for the expediting of this loan.

Signature

Signature

Date

Date

UTILITIES MONTHLY EXPENSES

Homeowner: _____ Date _____

Address: _____ Project No. _____

UTILITIES:

	(7 months) Winter/months	(5 months) Summer/months	Annually
Gas	\$ _____	\$ _____	\$ _____
Water	\$ _____	\$ _____	\$ _____
Sewer	\$ _____	\$ _____	\$ _____
Electricity	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Total \$ _____

\$ _____ Year (DIVIDED BY) 12 months = \$ _____ *month

FINANCIAL PRIVACY NOTICE TO APPLICANTS

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development, United States of America and the Department of Housing and Community Development, State of California has a right of access to financial records held by and financial institution in connection with the consideration or administration of the Community Development Block Grant rehabilitation loan for which you have applied. Financial records involving your transactions will be made available to the Department of Housing and Urban Development and the Department of Housing and Community Development during the term of your loan and three years thereafter without further notice or authorization but will not be disclosed or released to another Government agency or department without your consent except as required or permitted by law.

_____	_____
Applicant	Date

_____	_____
Applicant	Date

I have read, had explained, and have been given a copy of the following forms:

- ☒ State of California Fair Lending Notice
- ☒ Financial Privacy Notice
- ☒ Watch out for lead Paint Poisoning brochure
- ☐ Other

_____	_____
Applicant's signature	Date

_____	_____
Applicant's signature	Date

I have provided the above applicants) with the forms listed. I have verbally explained the forms to the applicant(s).

_____	_____
Specialist's signature	Date

**CITY OF CALEXICO
FAIR LENDING NOTICE**

TO: ALL APPLICANTS FOR FINANCIAL ASSISTANCE FOR THE PURCHASE, CONSTRUCTION, REHABILITATION, IMPROVEMENT OR REFINANCING OF ONE-TO-FOUR FAMILY RESIDENCES.

IT IS UNLAWFUL, UNDER THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977, FOR A PUBLIC AGENCY TO CONSIDER ANY OF THE FOLLOWING IN DETERMINING WHETHER OR NOT, OR UNDER WHAT TERMS AND CONDITIONS, TO PROVIDE OR ARRANGE FOR FINANCIAL ASSISTANCE.

1. NEIGHBORHOOD CHARACTERISTICS (SUCH AS THE AVERAGE AGE OF THE HOMES OR THE INCOME LEVEL IN THE NEIGHBORHOOD) EXCEPT TO A LIMITED EXTENT NECESSARY TO AVOID AN UNSAFE AND UNSOUND BUSINESS PRACTICE.
2. RACE, SEX, COLOR, RELIGION, MARITAL STATUS, NATIONAL ORIGIN OR ANCESTRY.

IT IS ALSO UNLAWFUL TO CONSIDER, IN APPRAISING A RESIDENCE, THE RACIAL, ETHNIC, OR RELIGIOUS COMPOSITION OF A PARTICULAR NEIGHBORHOOD OR WHETHER OR NOT SUCH COMPOSITION IS UNDERGOING CHANGE OR IS EXPECTED TO UNDERGO CHANGE.

IF YOU WISH TO FILE A COMPLAINT, OR IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS, CONTACT:

**COMPTROLLER OF THE CURRENCY
ADMINISTRATOR OF NATIONAL BANKS
FOURTEENTH NATIONAL BANK REGION
CONSUMER COMPLAINT DEPARTMENT
STEWART STREET TOWER, SUITE 2101
ONE MARKET PLAZA
SAN FRANCISCO, CA 94105**

I / WE RECEIVED A COPY OF THIS NOTICE.

Signature of applicant

Date

Signature of applicant

Date

"WATCH OUT FOR LEAD PAINT POISONING"

Children can get lead poisoning when they eat or chew objects, which have been painted with lead-paint. If a child swallows enough lead paint, brain damage can occur. Mental retardation or even death can result.

Older houses often have layers of lead-based paints on the walls, ceilings and woodwork. Outdoors, lead-based paints and primers may have been used in many places such as walls, fences, porches and fire escapes. When the paint chips or plaster breaks, real danger exists for babies and young children.

If you have seen your child putting pieces of paint or plaster in its mouth, you should take the child to a doctor, clinic or hospital as soon as possible. In the beginning stages of lead poisoning, a child may not seem really sick. A blood test can reveal whether the child has an elevated lead level. It may be advisable to request that your doctor or health department test for an elevated lead level if your child has these symptoms.

Of course, a child might eat paint chips or chew on a painted railing or windowsill while parents are not around. Signs of lead poisoning include cranky behavior, frequent stomach aches, vomiting and lack of appetite causing the child to eat very little food. If your child has these symptoms, it is advisable to take the child to the doctor's office or the clinic for testing.

Look at your walls, ceilings and woodwork. Are there places where the paint is peeling? Get a broom or stiff brush and remove all loose pieces of paint. Sweep up all pieces of paint and plaster. Then put the pieces in a paper bag or wrap them in newspaper and put the package in the trashcan.

Always keep the floor clear of loose bits of paint and plaster. Children will pick loose paint off the walls, so be extra careful about keeping the lower parts of walls free of loose paint. Because children are known to climb on things, it is recommended that if chipping or peeling paint exists, wall surfaces should be covered with wallpaper or drywall at least as high as five feet from the floor. Otherwise, the loose paint should be scraped and chemicals should be used for paint stripping.

If you want to know more about how to keep your child safe from lead poisoning, talk to your doctor, public health nurse or social worker at the clinic or health department.

There are _____ are not _____ children under the age of seven residing in my home.

I certify that I have read and understand the above information regarding lead-based paint and lead poisoning. And that I have received Protect Your Family From Lead In Your Home pamphlet. I agree not to use lead-based paint in the construction or rehabilitation of any structure.

Owner/Tenant

Date

Contractor

Date

Owner/Tenant

Date